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PTO/SB/21 (08-00)

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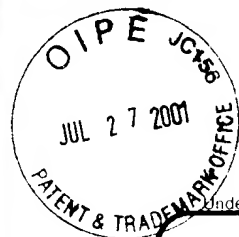
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/484,331	
	Filing Date	January 18, 2001	
	First Named Inventor	Harrington, John J.	
	Group Art Unit	1632	
	Examiner Name	Shukla, R.	
Total Number of Pages in This Submission	7	Attorney Docket Number	0221-0003L

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449 (1 page) 1 - Reference Cited in Form PTO-1449 1 - Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Anne Brown - Reg. No. 36,463
Signature	<i>Anne Brown</i>
Date	July 24, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 07/24/01			
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Signature	<i>Sophia L. Davis</i>	Date	July 24, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	09/484,331
Filing Date	January 18, 2001
First Named Inventor	Harrington, John J.
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																										
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to. Deposit Account Number: 50-0622 Deposit Account Name: SHANKS & HERBERT <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.17		3. ADDITIONAL FEES																																																																																																																																																										
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<table><thead><tr><th>Fee Code</th><th>Large Entity (\$)</th><th>Small Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>1.5</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>1.00</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>5.5</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>1.5</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>4.5</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>6.5</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>9.5</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>15.5</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>15.5</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>1.5</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>5.5</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>6.0</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>6.0</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>2.0</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>3.0</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>1.0</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>1.0</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>35.5</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>35.5</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>35.5</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td></tr><tr><td colspan="4">SUBTOTAL (3) (\$) _____</td></tr></tbody></table>		Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid	105	130	205	1.5		127	50	227	25		139	130	139	1.00		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	5.5		116	390	216	1.5		117	890	217	4.5		118	1,390	218	6.5		128	1,890	228	9.5		119	310	219	15.5		120	310	220	15.5		121	270	221	1.5		138	1,510	138	1,510		140	110	240	5.5		141	1,240	241	6.0		142	1,240	242	6.0		143	440	243	2.0		144	600	244	3.0		122	130	122	1.0		123	50	123	50		126	180	126	1.0		581	40	581	40		146	710	246	35.5		149	710	249	35.5		179	710	279	35.5		169	900	169	900		Other fee (specify) _____				SUBTOTAL (3) (\$) _____			
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1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 101 710 201 355 Utility filing fee 106 320 206 1.0 Design filing fee 107 490 207 2.5 Plant filing fee 108 710 208 3.5 Reissue filing fee 114 150 214 75 Provisional filing fee SUBTOTAL (1) (\$) _____																																																																																																																																																												
2. EXTRA CLAIM FEES Total Claims _____ Independent Claims _____ Multiple Dependent _____ Extra Claims -20** = _____ Fee from below _____ Fee Paid _____ Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) _____																																																																																																																																																												

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*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete if applicable	
Name (Print Type)	Anne Brown	Registration No (Attorney/Agent)	36,463
Signature	<i>Anne Brown</i>	Telephone	(703) 683-6197
		Date	July 24, 2001

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